



J. TYLER McCAULEY
AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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May 31, 2007

TO: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich
for

FROM: J. Tyler McCauley
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – LEROY HAYNES
CENTER, INCORPORATED - LEROY HAYNES GROUP HOME**

We have completed a review of Leroy Haynes Group Home (Group Home or Agency) operated by Leroy Haynes Center, Incorporated. The Group Home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

Leroy Haynes Group Home is a seventy-two bed facility, which provides care for boys ages 7-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, Leroy Haynes Group Home was providing services for forty DCFS children, twenty Probation children, and six privately placed children.

Leroy Haynes Group Home is located in the Fifth District.

Scope of Review

The purpose of the review is to determine whether the Agency is providing the services as outlined in their Program Statement. Additionally, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection, and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program

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services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

Summary of Findings

Generally, the Agency is providing the services as outlined in their Program Statement. However, the Agency needs to address many deficient areas.

The Group Home needs to replace the shower curtains in all the bathrooms, paint the closet doors, and ensure that there is a full complement of linens and pillows on the children's beds. The Group Home also needs to include the treatment team in the development and implementation of the Needs and Services Plans and develop comprehensive Needs and Services Plans that include short and long term goals, provide children with the minimum weekly allowance, and encourage and assist children in creating and maintaining photo albums/life books.

Additionally, the following are examples of the deficiencies that need to be addressed by each cottage:

- All six cottages need to clean the front entryways, the exterior walls, doors, window sills, interior walls, carpet, and bathrooms.
- Wittry cottage needs to replace the missing kitchen cabinet drawers and repair the bathroom faucets and baseboards.
- Dow cottage needs to repair the kitchen cabinets.
- Burton cottage needs to replace the dresser drawers in bedroom six.
- Thurber cottage needs to replace the sofa cushions in the living room.
- Gatchell cottage needs to repair the caulk around the sinks and faucets in both bathrooms and repair the cracks on the door and the side wall of bedroom one.
- Swaind cottage needs to repair a kitchen stove burner.

Attached is a detailed report of the review.

Review of Report

We discussed our report with the Agency's management. In response to the recommendations made in the report, the Agency's management completed a

corrective action plan (attached) which we approved. We thank the management and staff for their cooperation during our review.

If you have any questions, please contact me or have your staff contact Mike Pirolo at (626) 293-1110.

JTM:MP:CC:ec

Attachments

c: David E. Janssen, Chief Administrative Officer
Patricia S. Ploehn, Director, DCFS
Robert B. Taylor, Chief Probation Officer
Darrel Paulk, Executive Director, Leroy Haynes Center Group Home
Public Information Office
Audit Committee

**Leroy Haynes Center Group Home
233 West Baseline Road
LaVerne, California 91750
Phone: (909) 593-2581
License Number: 191501972
Rate Classification Level: 12**

I. Facility and Environment

Method of assessment – Observation

Comments:

Leroy Haynes Center Group Home is located in a residential community. The front and back yards are adequately landscaped. However, the exterior of the cottages are not well maintained. The front entryway, walls, doors, and window sills have leaves, dirt, and other debris on them.

The Group Home provides a home-like environment. However, the cottages are not well maintained. The carpet and walls throughout the cottages are dirty and worn. In the bathrooms, there is soap scum and mildew around the shower area and the shower curtains are dirty, torn, and are not properly hung.

In Burton, Wittry and Thurber cottages, the water pressure is low in the bathrooms.

In Gatchell cottage, the caulk is worn around the bathroom sinks and faucets.

In Burton cottage, the bathrooms have water damage along the walls and baseboards, and in Wittry cottage, the baseboards are damaged around the sink in the first floor bathroom.

In Dow, Burton, and Gatchell cottages, the kitchen cabinets are dirty, and in Wittry and Dow cottages, the cabinet drawers are missing.

In Swain cottage, the front right burner on the stove is not working.

In Thurber cottage, the sofa cushions in the living room are torn and dirty.

The children's bedrooms are orderly and have age-appropriate personalized decorations. There is adequate lighting and storage space. Window coverings and window screens are in good repair. The mattresses are comfortable and the children's sleeping arrangements are appropriate.

However, in all the children's bedrooms the closet doors are dirty, the paint is peeling, bed covers are worn, and bed pillows are flat.

In Dow and Burton cottages, the dresser drawers are missing in bedroom six, and in Gatchell cottage, there are cracks in the door and along the wall in bedroom one.

The Group Home maintains age appropriate and accessible recreational equipment. There are also board games, a TV, and a DVD player. Books and resource materials, including a computer with a variety of programs, are also available.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

Recommendations

1. Leroy Haynes Group Home management:

- a. Clean the front entryway of all the cottages.
- b. Clean or replace the carpet throughout the cottages.
- c. Clean or re-paint the walls throughout the cottages.
- d. Clean the bathrooms in all cottages.
- e. Replace the shower curtains in all showers.
- f. Repair the bathroom faucets in Burton, Wittry and Thurber cottages as needed.
- g. Repair the caulk around the sink in the first and second floor bathrooms in Gatchell cottage.
- h. Repair or replace baseboards in the bathrooms in Burton and Wittry cottages as needed.
- i. Clean or refinish the kitchen cabinets in Dow, Burton and Gatchell cottages.
- j. Repair the front right burner in Swain cottage.
- k. Replace the sofa cushions in the living room in Thurber cottage.
- l. Replace the missing dresser drawers in Dow and Burton cottages in bedroom six.
- m. Clean or re-paint the closet doors in all the children's bedrooms.
- n. Repair cracks in the door and side wall in bedroom one in Gatchell cottage.

- o. Replace the bed coverings and pillows in the children's bedrooms.

II. Program Services

Method of assessment – Review of relevant documents and interviews

Sample size: Seven

Comments:

Children meet the Group Home's population criteria as outlined in their Program Statement. However, children are not assessed for needed services within thirty days of placement.

The Needs and Services Plans (NSPs) are current and include short and long term goals. However, the NSPs are not comprehensive and all members of the treatment team are not included in the development and implementation of the NSPs.

Case files reflect adequate documentation to show that children are receiving treatment services.

Recommendations

2. Leroy Haynes Group Home management:

- a. Assess children for needed services within thirty days of placement.
- b. Develop comprehensive NSPs that are specific, measurable, attainable, and realistic.
- c. Include the placement workers and therapist as part of the treatment team in the development and implementation of the NSPs.

III. Educational and Emancipation Services

Method of assessment – Review of relevant documents and interviews

Sample size: Seven

Comments:

Children are attending school. Children are provided with educational support and resources to meet their educational needs and are progressing satisfactorily in school.

The Group Home's program includes the development of children's daily living, self-help, and survival skills.

Children are provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendations

There are no recommendations for this section.

IV. Recreation and Activities

Method of assessment – Review of relevant documents and interviews

Sample size: Seven

Comments:

The Group Home provides children with sufficient recreational activities and leisure time. Children are provided with opportunities to participate in planning activities. Children also participate in extra-curricular, enrichment, and social activities in which they have an interest.

The Group Home provides transportation to and from the activities

Recommendations

There are no recommendations for this section.

V. Psychotropic Medication

Method of assessment – Review of relevant documents

Comments:

Children have current court authorizations for psychotropic medication. Documentation confirms that children are routinely seen by the prescribing psychiatrist.

Children are informed about their psychotropic medication and are aware of their right to refuse medication.

Medication distribution logs are properly maintained.

Recommendations

There are no recommendations for this section.

VI. Personal Rights

Method of assessment –Interviews with children

Sample size: Seven

Comments:

Children are informed about the Group Home's policies and procedures. Children report that they feel safe in the Group Home and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff and report that the staff treats them with respect and dignity.

Children report that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior. Children also report that they are assigned chores that are reasonable and not too demanding.

Children are able to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. Children are able to attend religious services of their choice. Children also receive voluntary medical, dental, and psychiatric care.

Children report satisfaction with meals and snacks.

Recommendations

There are no recommendations for this section.

VII. Clothing and Allowance

Method of assessment – Review of relevant documents and interviews

Sample size: Seven

Comments:

The Group Home provides appropriate clothing, items of necessity, and the required \$50 monthly clothing allowance to children. Children are provided with opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity.

Children spend their allowances as they choose. However, the Group Home does not provide children with the required minimum weekly allowance.

The Group Home provides children with adequate personal care items. However, children are not encouraged or assisted in creating and maintaining photo albums/life books.

Recommendations

3. Leroy Group Home management:

- a. Provide children with the required minimum weekly allowance.**
- b. Encourage and assist children in creating and maintaining photo albums/life books.**



233 West Baseline Road • Box 400 • La Verne, California 91750 (909) 593-2581 Fax (909) 596-3567 IRS#95-1506150

Candice Rhue
Group Home Audit Supervisor
Department of Auditor-Controller
500 W. Temple St., Room 515-A
Los Angeles, CA 90012

December 7, 2006

Dear Ms. Rhue,

On behalf of Leroy Haynes Center, I would like to thank you for the feedback from the recent audit by your department. We value the opportunity to receive feedback and work cooperatively with you to improve the quality of our services.

Enclosed you will find our corrective action plan in response to the recommendations made by your department. All recommendations have been implemented as you will note in the corrective action plan.

Please call me if you have any questions.

Sincerely,

Joy Gahrning,
QA Coordinator

Cc Frank Linebaugh, Senior Vice-President
Derrick Perry, Program Director

Attachment 10 of 10 - Audit Report

**Leroy Haynes Center
Corrective Action Plans
Children's Group Home Ombudsman
LA County Department of Auditor Controller
December 7, 2006**

I. Facility and Environment

Recommendation 1.a. Clean front entryway of all the cottages

Status: The recommendation was implemented. The maintenance department cleaned the front entryway of all cottages using a power washer.

Plan to prevent reoccurrence: The cottage exteriors will be cleaned weekly; the job will be included in the Residential Work Program. The maintenance department will use the power washer to clean exteriors of cottage on a regular basis. Cleanliness of cottage exteriors will be checked daily by Unit Managers and monthly as part of agency walkthrough.

Person responsible for implementing corrective action: Director of Operations and Program Director.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

1.b. Clean or replace the carpet throughout the cottages

Status: A janitorial service was contracted to deep clean and shampoo all carpets; estimated date of completion of project is 12/7/06.

Plan to prevent reoccurrence: Carpets in all cottages will be cleaned by a janitorial service on a regular basis. See Exhibit A for carpet cleaning schedule. In addition, maintenance staff will shampoo carpets as needed. Condition of carpets will be checked monthly as part of agency walkthrough. The carpet in all cottages is replaced on a rotating schedule. See Exhibit A for past and future carpet replacement schedules.

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.c. Clean or re-paint walls throughout the cottages

Status: All walls have been cleaned.

Plan to prevent reoccurrence: Walls will be washed monthly and as needed. Painting of interior walls is scheduled throughout the year on a rotating basis. Condition of walls will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.d. Remove soap scum and mildew in all bathroom showers

Status: All showers were deep cleaned by agency housekeeper.

Plan to prevent reoccurrence: Frequency of cleaning of showers will be increased to prevent mildew and build-up of soap scum. Showers will be cleaned daily by cottage staff or residents. Agency housekeeper will detail all bathrooms monthly. Condition of showers will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.e. Replace the shower curtains in all community showers

Status: All shower curtains have been replaced.

Plan to prevent reoccurrence: Unit Managers will ensure that torn/dirty shower curtains are immediately replaced. Maintenance staff will ensure that shower curtains are properly hung. Condition of shower curtains will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Director of Operations and Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.f. Repair the bathroom faucets in Burton, Wittry and Thurber as needed

Status: Water pressure has been checked several times by maintenance staff and pressure has been adequate. However, when washing machines are used, water pressure in bathrooms is lower. Washing machines are used only when residents are not using the shower.

Plan to prevent reoccurrence: Maintenance staff will continue to check water pressure on a regular basis.

Person responsible for implementing corrective action: Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.g. Repair caulking around the sink in first and second bathrooms in Gatchell Cottage

Status: Caulking was repaired.

Plan to prevent reoccurrence: Maintenance staff will regularly inspect caulking and repair as needed. Condition of caulking will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.h. Repair or replace baseboard in Burton and Wittry Cottages as needed

Status: Baseboards repaired.

Plan to prevent reoccurrence: Maintenance staff will regularly inspect baseboards and repair as needed. Condition of baseboards will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.i. Clean or refinish kitchen cabinets in Dow, Burton and Gatchell Cottages

Status: Kitchen cabinets in Dow, Burton and Gatchell Cottages were all cleaned. Maintenance staff began painting of entire kitchen in Dow, Burton and Gatchell cottages on 12/5. Project will be completed by 12/20/06. See Exhibit B for pictures of painting in progress in Dow Cottage kitchen.

Plan to prevent reoccurrence: Unit Managers will ensure that cabinets are cleaned as needed. Condition of cabinets will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Program Director and Director of Operations.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.j. Right front burner in Swain Cottage

Status: Right front burner was repaired.

Plan to prevent reoccurrence: Unit Managers will immediately report problems with stove burners to maintenance staff for repair.

Person responsible for implementing corrective action: Director of Operations and Program Director.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.k. Replace sofa cushions in Thurber Cottage

Status: Sofa cushions were replaced.

Plan to prevent reoccurrence: Unit Managers will regularly inspect furniture and request repairs/replacements as needed.

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 1.l. Replace the missing dresser drawers in Dow and Burton Cottages

Status: Missing dresser drawers were in the maintenance shop for repair at time of audit. The drawers were repaired and reinstalled in the cottages.

Plan to prevent reoccurrence: Unit Managers will regularly inspect furniture and request repairs/replacements as needed. Maintenance will ensure that requested repairs are completed in a timely manner. Condition of dressers will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Program Director and Director of Operations.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.m. Clean or re-paint the closet doors in all the children's bedrooms

Status: All closet doors were cleaned. Maintenance staff began painting closet doors on 12/5. Project will be completed by 12/20/06.

Plan to prevent reoccurrence: Unit Managers will inspect bedrooms daily; closet doors noted to be dirty will be cleaned immediately. Condition of closet doors will be checked during monthly agency walkthrough. Maintenance staff will re-paint closet doors on a scheduled basis and as needed when peeling/chipped paint is noted.

Person responsible for implementing corrective action: Program Director and Director of Operations.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.n. Repair cracks in the door and side wall in bedroom one in Gatchell Cottage

Status: Cracks in door and side wall in bedroom one were repaired.

Plan to prevent reoccurrence: Maintenance staff will ensure that integrity of walls is checked on a regular basis and are repaired immediately when damaged. Condition of walls will be checked during monthly agency walkthrough

Person responsible for implementing corrective action: Director of Operations

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 1.o. Replace the bed coverings and pillows in the children's bedrooms

Status: Worn bedcovers and pillows have been replaced.

Plan to prevent reoccurrence: Unit Managers will ensure that bedcovers and pillows are replaced when worn. Maintenance staff will ensure an adequate supply of pillows is on hand so that pillows can be replaced when worn.

Person responsible for implementing corrective action: Program Director and Director of Operations.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

II. Program Services

Recommendation 2.a. Assess children for needed services within 30 days of placement

Status: Children are being assessed for needed services within 30 days of placement. However, the results of the assessment were not adequately documented. A new 30 Day Assessment Form is in development and will be implemented in January 2007.

Plan to prevent reoccurrence: The QA Coordinator will monitor compliance with the timely completion of assessments and report all incidents of non-compliance to the Program Director for follow-up.

Person responsible for implementing corrective action: QA Coordinator and Program Director.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 2.b. Include the Placement Workers and Therapist as part of the Treatment Team in the development of the Needs and Services Plan

Status: The therapists are present at and participate in all Needs and Services Planning meeting but documentation did not reflect their presence. An Attendance Roster is now used to reflect attendance at Needs and Services Planning Meetings. Needs and Services Plans are faxed to workers for review when they are unable to attend the Needs and Services Planning Meeting. The Fax Transmission Report is retained in the resident file as proof of receipt of the Needs and Services Plans by placement workers. In addition, the agency Receptionist maintains a file containing the current Needs and Services Plan for each resident for one month following the due date of the plan. The Plans are then made available for review by placement workers during their monthly visit with their client.

Plan to prevent reoccurrence: The QA Coordinator will monitor attendance at Needs and Services Planning Meetings and will report non-attendance by any member of the Treatment Team to the responsible department head. A notice of all scheduled Needs and Services Planning Meetings will be faxed to each placement worker by the MHRS and the Fax Transmission Report will be retained in the resident file as proof the placement worker was notified of the meeting. The QA Coordinator will review files on a monthly basis to ensure that Placement Workers are being notified of Needs and Services Planning Meetings and that Needs and Services Plans are faxed to Placement Workers.

Person responsible for implementing corrective action: QA Coordinator and Director of Mental Health Services.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Recommendation 2.c.: Develop Needs and Services Plans that are comprehensive, specific, measurable, attainable and realistic

Status: Training planned for early 2007 for all staff involved in the development of needs and Services Plans ensure development of Needs and Services Plans that are comprehensive, specific, measurable, attainable and realistic

Plan to prevent reoccurrence: Department heads will be responsible for reviewing Needs and Services Plans for those staff they supervise to ensure they meet the required criteria.

Person responsible for implementing corrective action: Program Director, Director of Mental Health, Education Director.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator.

Section III. Education and Emancipation Services

There were no recommendations for this section

Section IV. Recreation and Activities

There were no recommendations for this section

Section V. Psychotropic Medication

There were no recommendations for this section

Section VI.

There were no recommendations for this section

Section VII. Clothing and allowance

Recommendation 3.a Provide children with minimal weekly allowance

Status: This will be implemented in January 2007. The 2007 budget has been adjusted to reflect the need to comply with the base allowance requirement.

Plan to prevent reoccurrence: The Unit Managers will review allowance logs on a weekly basis to ensure compliance with this requirement. In addition, the allowance logs will be reviewed on a monthly basis during the agency walkthrough.

Person responsible for implementing corrective action: Unit Manager

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Recommendation 3.b. Encourage and assist children in creating and maintaining photo/life books

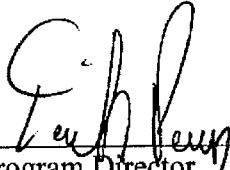
Status: This will be implemented in January 2007. The 2007 budget has been changed to reflect the need to purchase albums to meet this requirement. Each resident will be provided an album at time of intake and will be assisted in creating/maintaining the album if he so chooses.

Plan to prevent reoccurrence: Unit Managers will be responsible for assigning staff to assist residents in creating and maintaining photo/life books.

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: QA Coordinator and Unit Manager.

Submitted by:



Derrick Perry, Program Director